

**Montana Department of Justice  
Office of Victim Services  
ADDRESS CONFIDENTIALITY PROGRAM  
PO Box 210410, Helena, MT 59620-1410  
(406) 444-5803**

**CHECKLIST**

I understand that:

- \_\_\_ I need to notify family, friends, businesses and government agencies that I have moved to a confidential location and now have an Address Confidentiality Program (ACP) mailing address. The ACP is a mail-forwarding service, so my mail will go first to the ACP office and ACP staff will then forward it to where I really live. I understand that the ACP does not forward magazines, packages or presorted standard mail;
- \_\_\_ I share the ACP address (PO Box 201410) with many other participants. There may be other families with the same or similar name, so I will make sure the authorization code/private mailbox number (PMB #) ACP assigns me and my family is on all our mail. **I will contact the ACP before I move and will NOT file a change of address with the United States Postal Service** – submitting a change of address with the post office would place my name and new address on a national database that is widely distributed and easily accessible;
- \_\_\_ I realize that applying under a name other than my legal name could result in denial of ACP privileges or denial of services from other government agencies. I understand that the ACP cannot forward mail to me if it is addressed to a name different from the name (or names) I provided on the ACP application;
- \_\_\_ The ACP will send me an authorization card when my application is approved. It is my responsibility to let state and local government employees know that I am now an ACP participant. I know that to require a government agency to send my mail to the ACP substitute address, I will need to show them my ACP authorization card;
- \_\_\_ Government agencies often share information. I have discussed with a victim advocate the impacts of giving personal information to government agencies and private businesses. Giving information to one agency means many others may obtain that information. If I choose to give my actual address to a state or local government agency, that agency **does not have to** and **probably will not** keep my actual address confidential;
- \_\_\_ The only circumstances under which the ACP will release my street address and phone number is if a judge orders the program to do so or if a law enforcement agency requests it (see 40-15-118, MCA). I understand that the information I give to the ACP is confidential, but my participation in the ACP is **not**. If asked, the ACP will verify that I am a program participant and that the ACP substitute address is my legal mailing address;

- \_\_\_\_ My participation in the ACP will be cancelled if:
- I request cancellation
  - the ACP discovers that I provided false information of the ACP application
  - I move from the address I've given the ACP and do not notify the ACP in writing at least two days before I leave
  - mail forwarded to me is returned to the ACP as undeliverable, unclaimed or refused
  - I move permanently or temporarily out of state
  - I obtain a new identity with no cross reference to my old identity

\_\_\_\_ I may register to vote as a Protected Records Voter by going to my County Treasurer (elections department). Registering to vote by any other method means my actual residence address will be a matter of public record. I will contact the ACP if I am interested in more information about a confidential voter registration.

**In addition to the above, I hereby designate the Attorney General as my legal agent for service of process and receipt of mail under 40-15-115, MCA. If the ACP accepts service of process or signs for certified mail addressed to me, it is as if I have received the documents, regardless of whether or not the ACP can get them to me. I authorize the Office of the Montana Attorney General to act on my behalf or in my place when it comes to my mail and service of process.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Adult Co-Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_